



Vital Record Request Form

Town of Chilmark

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Type of Record Requested: Birth Death Marriage (circle one)

Name of Person on Record: _____

Date of Event: _____

Copies Requested _____ x \$3.00 each = _____

Amount Enclosed: \$ _____

INSTRUCTIONS

Please fill out this form and mail to the Chilmark Town Clerk, along with a check made payable to the Town of Chilmark (in the amount specified above) and a self addressed, stamped envelope.

Mail to: Chilmark Town Clerk, P.O. Box 119, Chilmark, MA 02535

If you have any questions, please call (508) 645-2107, Monday – Friday, 8:00 a.m. – 12:00 p.m.
or email jbradlee@ci.chilmark.ma.us